

February 13, 2015

MT Legislature—House Human Services Committee

RE: HB 422 Improved Youth Outcomes in Children's Mental Health Pilot Project

Representative Art Wittich, Chairman and Members of the Committee:

My name is Kimberly Gardner. I am the Lead Clinical Supervisor of the community based services for Intermountain here in Helena. I've been a Licensed Clinical Social Worker for 20 years and a Licensed Addictions Counselor for 27 years.

I support HB 422 because it creates the ability to strategically identify the Evidence Based Practices that will produce the best results for children with mental health problems and their families.

The most common definition of Evidence-Based Practice (EBP) is from Dr. David Sackett. EBP is "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research." (Sackett D, 1996)

- Addressing children's mental health issues requires expertise. Evidence Based Practices develop that expertise. Without it, we are at risk of endorsing "services" rather than carefully planning and providing the right treatment for the individual child and focusing on the outcome, which should be to help the child and family manage or resolve the mental illness in a manner that limits the length of stay and restores the functioning of the child and family in a way that reduces their dependence on treatment providers.
- The current system measures the frequency and cost of the number of services, but has difficulty measuring the outcome. Currently, a child can access treatment services repeatedly and for lengthy periods of time without the treatment provider being motivated to work toward the outcome rather than managing the frequency of the services.
- We all know that if we do not meet the needs of a child, or provide less care, or the wrong care, that child will need to get worse to get our attention. Our current system creates a "fail forward" system in which our highest needs children must access lower level of services and fail at those before they can access the level of care, or the right Evidence Based Treatment for their symptoms when they need it. That system ultimately costs us more and delays the right level of care until it becomes a crisis or requires longer and more costly treatment. It also causes the child and family to be in distress longer while the conditions worsen.
- HB 422 puts the right stakeholders at the table - including representatives from all of the departments that have an investment in this issue, experts in the field, and providers of these services up to the inclusion of family members.
- EBP's are the best advocacy for Montana's children and families. We need time to identify the right ones for our Montana children and families. With adequate representation at the table, and time to evaluate the Evidence Based Practices that are appropriate for our Montana families, we can promote and support them.

Here is an example of an Evidence Based Practice in action:

At Intermountain, we were aware that 75% of adolescents receiving mental health treatment also have a substance abuse diagnosis. That is called a Co-Occurring Disorder. We knew that treating either the mental illness or the addiction wasn't creating sustained recovery for them and we wanted a better outcome. The Children's Mental Health Bureau, Intermountain and Western MT Addictions Services took time to do research to identify the best Evidence Based Practice to create a program that could serve those kids.

The most effective EBP for Adolescent Co-Occurring Disorders is a model called Integrated Co-Occurring Treatment. We launched that program together. It calls for a therapist to meet with the adolescent and the family three times a week for at least 6 hours, in their home. The outcome we were seeking was to keep those kids in their community and in school. We knew that when they went out of town for inpatient treatment, they had a very high dropout rate in school and relapsed more frequently and severely than their counterparts. After two years, we have a significant amount of data to show that these kids are costing less after their ICT treatment, stay in school and are graduating and have less run-ins with law enforcement after treatment.

We hit on an Evidence Based Practice for that specific group of Adolescents. We did it with careful planning, having the right people on the workgroup and taking the time to make sure it would work here in Montana.

- The ICT model is only one example of how focusing on outcomes and taking the time and resources to do it well is the right thing for the state and for Montana children and families

HB 422 will benefit us all through taking time to identify the best way to serve Montana children and families. There is no quick fix to this issue, but with HB 422, we can do it well, save costs and improve lives. And, through the work of HB422 Pilot Project, we will be able to identify how we can attract and support providers to evolve their services into being outcome focused, too.

Thank you for your time,

Kimberly C. Gardner, LCSW, LAC
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Intermountain